

<i>SERFF Tracking Number:</i>	<i>FARM-125352651</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR071114HBTC2</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>Habitational</i>		
<i>Project Name/Number:</i>	<i>E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F</i>		

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange		
Product Name: Habitational	SERFF Tr Num: FARM-125352651	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: J2AR071114HBTC2	State Status: Fees not received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Jacob Babashoff, Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Edward Petersen, Stefanie Carlin	Disposition Date: 11/16/2007
	Date Submitted: 11/14/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal): 03/01/2008

General Information

Project Name: E0122-ED3 - Period of Restoration Redefined	Status of Filing in Domicile: Not Filed
Project Number: J-AR-2007-HB-F	Domicile Status Comments: Not required
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/16/2007	
State Status Changed: 11/14/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Farmers Insurance Group of Companies respectfully submits the following forms designed to enhance coverage for our Apartment Owners - Habitational program.	

E0122-ED3 – PERIOD OF RESTORATION REDEFINED. For use with our Businessowners programs – This form is a revision of our endorsement E0122-ED2 which is already in use in your state.

<i>SERFF Tracking Number:</i>	<i>FARM-125352651</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR071114HBTC2</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Habitational</i>		
<i>Project Name/Number:</i>	<i>E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F</i>		

Our effective dates for this form are January 1, 2008 for new business and March 1, 2008 for renewals.

If you have any questions regarding this forms filing, please contact Stefanie Carlin at (805) 306-6943, fax number (805) 306-7487 or email Stefanie_Carlin@farmersinsurance.com. Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager	Charlene_Hall@farmersinsurance.com
3041 Cochran Street	(805) 306-6648 [Phone]
Simi Valley, CA 93065	() -[FAX]

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575892	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

SERFF Tracking Number:	FARM-125352651	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	#? \$50
Company Tracking Number:	J2AR071114HBTC2		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-	Sub-TOI:	05.0002 Businessowners Liability
Product Name:	Habitational		
Project Name/Number:	E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F		
Fee Explanation:	\$50.00 is the required fee for each company -- in this case, FIE, MC, TIE -- for a total of \$150.00.		
Per Company:	No		

SERFF Tracking Number:	FARM-125352651	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	#? \$50
Company Tracking Number:	J2AR071114HBTC2		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	Habitational		
Project Name/Number:	E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010662686	\$50.00	11/13/2007
3040008153	\$50.00	11/13/2007
3020017442	\$50.00	11/13/2007

SERFF Tracking Number: FARM-125352651 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$50
Company Tracking Number: J2AR071114HBTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Habitational
Project Name/Number: E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/16/2007	11/16/2007

SERFF Tracking Number: FARM-125352651 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$50
Company Tracking Number: J2AR071114HBTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Habitational
Project Name/Number: E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F

Disposition

Disposition Date: 11/16/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: *FARM-125352651* *State:* *Arkansas*
First Filing Company: *Farmers Insurance Exchange, ...* *State Tracking Number:* *#? \$50*
Company Tracking Number: *J2AR071114HBTC2*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0002 Businessowners Liability*
Product Name: *Habitational*
Project Name/Number: *E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Period Of Restoration Redefined	Approved	Yes

SERFF Tracking Number: FARM-125352651 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$50

Company Tracking Number: J2AR071114HBTC2

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Habitational

Project Name/Number: E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Period Of Restoration Redefined	91-0122	3rd ED 07	8- Endorsement/Amendment/Conditions	Replaced Form #: 12.00 91-0122 2nd ED 7/02 Previous Filing #:		E0122301.pdf



FARMERS

E0122
3rd Edition

PERIOD OF RESTORATION REDEFINED

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS PROPERTY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Apartment Owners Property Coverage Form apply unless modified by the endorsement.

Paragraph **H. PROPERTY DEFINITIONS - 3.a.** "Period of restoration", is deleted and replaced with the following:

- a.** Begins immediately after the time of direct physical loss or damage for Business Income Coverage or Extra Expense Coverage caused by or resulting from any COVERED CAUSE OF LOSS at the described premises; and

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

<i>SERFF Tracking Number:</i>	<i>FARM-125352651</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>J2AR071114HBTC2</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>Habitational</i>		
<i>Project Name/Number:</i>	<i>E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FARM-125352651 *State:* Arkansas
First Filing Company: Farmers Insurance Exchange, ... *State Tracking Number:* #? \$50
Company Tracking Number: J2AR071114HBTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Habitational
Project Name/Number: E0122-ED3 - Period of Restoration Redefined/J-AR-2007-HB-F

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	11/16/2007
Comments:		
Attachment:		
AR-PCTD1Form.pdf		

Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR071114HBTC2
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer		<i>Charlene Hall</i>		
8. Please print name of authorized filer		Charlene Hall		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Multi-peril – 5.1, 5.2			
10. Sub-Type of Insurance (Sub-TOI)	Commercial Multi-peril – 5.1, 5.2			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Habitational			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New: January 1, 2008	Renewal: March 1, 2008		
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	November 14, 2007			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR071114HBTC2
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Farmers Insurance Group of Companies respectfully submits the following forms designed to enhance coverage for our Apartment Owners - Habitational program.

E0122-ED3 – Period Of Restoration Redefined - This endorsement is a revision of our endorsement E0122-ED2 which is already in use in your state.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 3010662686, 3040008153, 3020017442

Amount: \$50 per each Company for 1 form (Farmers, Truck and Mid-Century)

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	J2AR071114HBTC2			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Period Of Restoration Redefined	E0122 3 RD Edition 8-07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		